Purpose

The Disaster Workforce Credentialing White Paper provides an overview of national and state disaster workforce credentialing initiatives and recommends action steps to enhance the public health and healthcare components of the state credentialing initiative.

Background

Emergency management and incident response activities require carefully managed resources (personnel, teams, facilities, equipment, and/or supplies) to meet incident needs. Utilization of the standardized resource management concepts such as typing, inventorying, organizing, and tracking will facilitate the dispatch, deployment, and recovery of resources before, during, and after an incident.

Disaster Workforce credentialing provides for an objective evaluation and documentation of an individual's current certification, licenses, or degree, training and experience and competence or proficiency to meet state or national standards. Credentialing is an administrative process for validating personnel qualifications and providing authorization to perform specific functions during an incident. ¹

A unified credentialing program is expected to ensure consistency, stakeholder buy-in, and a common set of definitions, standards, processes and procedures with which to better train and accurately credential public health and healthcare personnel responding to disasters or emergencies. Credentialing of the healthcare disaster workforce is a subcomponent of a larger all-discipline statewide credentialing initiative. The Florida credentialing initiative supports the National Incident Management System credentialing initiative.

Florida's Public Health and Healthcare Preparedness (PHHP) Program is led by the Florida Department of Health (FDOH) Division of Emergency Medical Operations (DEMO), Bureau of Preparedness and Response (BPR). The 2011-2013 Public Health and Health Care Preparedness Strategic Plan serves as a blueprint for Florida's commitment to minimizing loss of life, illness and injury from natural or man-made disasters. Founded on the development of capabilities, readiness depends on maintaining a competent, trained and credentialed healthcare workforce prepared to implement the capabilities during response.

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¹ Source: National Incident Management System (NIMS), http://www.fema.gov/emergency/nims/ResourceMngmnt.shtm#item3

National Credentialing Initiative

The National Incident Management System (NIMS) establishes the national framework for credentialing responders to be deployed under mutual aid and federal authority to support local incident response. The Federal Emergency Management Agency (FEMA) National Integration Center (NIC) publishes the standards, guidelines, and compliance protocols for determining whether a Federal, State, tribal, or local government has implemented NIMS. Additionally, the Secretary, through the NIC, manages publication and collaboratively, with other departments and agencies, develops standards, guidelines, compliance procedures, and protocols for all aspects of NIMS. The tables below outlines the key activities associated with the national credentialing initiative.

Publication title	Date	Key Components
National Resource Typing Criteria NIMS Guides (NG) #0001	3/27/2007	Recognizes 2 tiers of resource types. Tier One is national scope and consists of the current 120 resource typing definitions found in the Resource management component. Tier Two is intra-state and regional
National Credentialing Definition and Criteria NG#0002	3/27/2007	Sets credentialing criteria for Tier One typing. Voluntary process Direct relation to personnel or teams Focus on minimum qualifications to ensure competency Mandates for a state director grant authority to issue qualification cards Based on accreditation and certification by agency, associations or licensing authority Standardization Inventory and tracking system Verified identity, qualification, and deployment authorization Sets access authorization standards: two forms of ID, proof of qualifications and invitation/deployment orders
DHS-FEMA NIMS #501	12/2008	Resource Management Component includes a flow diagram for recommended NIMS Personnel Credentialing with components: • Agency submits individual application to an authorized credentialing agency, who determines qualified/not qualified If qualified: • Credentialing agency acts to update

Publication title	Date	Key Components
		database Card/ID issued and periodically
		reissued Agency notification
		Information uploaded to manage
		infrastructure third party.
NIMS Guideline for the	Draft	Six phases of credentialing:
<u>Credentialing of Personnel</u>	11/21/2008	Registration and enrollment
		Eligibility vetting
		IssuanceVerification and use
		 Expiration and revocation
		Redress/Waiver
		Best practices identified; credentialing checklists provided:
		 Identifies processes and functions of a program
		 Identifies activities for office
		receiving personnel
		Identifies responsibilities for office anding personnel.
		sending personnel Describes national credentialing standards
NIMS Guideline for the Credentialing of Personnel	August 2011	and their use. Personnel are to be
Credentialing of Fersonner		identified, typed and qualified in
		accordance to the NIMS Job Titles. Instructs states to develop typing for those
		positions not covered by NIMS Job Titles.
FEMA Agency-Wide	4/2009, vision	Describes Governance, Processes, and
Disaster Workforce	to implement	Tools for "Transforming the Disaster
Credentialing Plan	by 2011.	Workforce into one that is credentialed to national standards." Establishes an
		Agency-Wide Workforce Credentialing
		Plan, Workforce task books, cadres-
		specific credentialing plans, and
		establishes four proficiencies:
		Expert Fully Qualified
		Fully QualifiedBasically Qualified and
		Trainee
		Establishes Executive Credentialing
		Committee, Cadre Credentialing review
		boards, and Cadre Managers
		Includes process maps for each phase from pre-deployment, deployment, post
		deployment and petition.
FEMA National Emergency	3/4/2008	Job titles (44 for Health and Medical) listed

Publication title	Date	Key Components
Responder Credentialing System, Medical and Public Health		that are commonly requested; lists required criteria for baseline participation in credentialing. Provides for each job title a description, required education, training and experience, certification and licensure requirements, and recommended education, training, and certification.
FEMA-Establishment of a National Credentialing Program, Manning Letter	8/24/2010	National Integration Center led effort to unify all credentialing efforts; will develop a charter, organization, and process for a National Credentialing program. Will include a performance based assessment, training, and deployment for the FEMA Qualification System.
First Responder Authentication Credential Case Study	2008	A Smart card is developed using the standard for Federal government identification cards (FIPS 201) in Virginia, which captured biometric and biographic information. Issued to over 1000 first responders.
A Consensus-based Educational Framework and Competency Set for the Discipline of Disaster Medicine and Public Health Preparedness	2008 7/20/2010	Publication in the <i>Disaster Medicine and Public Health Preparedness</i> . An expert working group (EWG) reviewed competencies and achieved a consensus on a framework and competency set from which learning objectives and curricula can be tailored to fit needs of public health responders. This educational framework contributes to the basis of credentialing.

Florida Credentialing Initiative

Florida has achieved and maintains compliance with the National Incident Management System. For individual responders who serve as part of nationally recognized asset typed teams, the national standards have been adopted. Florida has also established multiple state-specific typed assets. The Division of Emergency Management coordinates state-specific resource typing and credentialing, and is the official point of contact with the National Integration Center. As part of the larger state typing and credentialing infrastructure, the Florida Department of Health is responsible to coordinate development and maintenance of public health and health care typed teams.

The Department of Health has policies, processes, procedures, and tools in place that can be considered components of an overall credentialing framework. This section organizes Florida's existing components of credentialing by the NIMS 6 Phases.

- Registration and Enrollment:
- Eligibility

- Issuance
- Verification and Use
- Expiration and Revocation
- Redress and Waiver

Registration and Enrollment:

Department of Health Individual Employee - The Department of Health has developed a draft process flow chart (Figure 1.0) which diagrams key processes necessary to integrate public health response roles into the overall management of employee education and training. The process begins when a newly hired employee signs a "Willingness to Serve" affidavit. The supervisor has an opportunity at that time to identify a response role in the job description and performance measures. At the far right of the process flowchart, three training tracks are identified in different colors: 1) routine job duties (green, 8.3), 2) individual response credentialing (red, 8.2), and 3) assignment to an asset typed team (blue, 8.1). The red and blue tracks are unique to credentialing, but must be supported by the system as a whole. An employee and supervisor should agree on the development plan and embark on the training track towards that goal.

An employee pursuing the red or blue track (individual or team deployment), can use Florida's software tool, State Emergency Responders and Volunteers of Florida (SERVFL). This contains many credentialing components. This system records "occupation credential information" for licenses, affiliation, work experience, and degrees. Responders can add training courses, including uploading certificates to their record that can be verified by an Administrator. Skills and certifications can be entered. Additionally, administrators can upload a photo of the responder. This is the primary tool of the Medical Reserve Corp (MRC), but FDOH responders have been asked to register, as well. Responders register themselves into SERVFL. During a response event, each responder is notified by SERVFL with invitations/orders to deploy.

Public Health Typed Asset Teams - Guidance for the development of asset typed teams, the blue track (8.1) in Figure 1, has been developed for Environmental Health, Epidemiology, and Special Needs Shelter teams. Regional Public Health Response Teams, Recruitment and Deployment Guidelines for County Health Departments (March 1, 2007) designates that regions develop strike teams in each of the seven Domestic Security Task Force (DSTF) areas. An employee wishing to serve on a strike team must enroll with the Regional Health and Medical DSTF.

Department of Health Learning Management System - Within the Florida Department of Health, the Office of Workforce Development (OWD) is responsible for the administration of the Learning Management System, Trak-It, and for setting training standards for quality curriculum. Their responsibility includes, and extends beyond, Public Health and Medical Preparedness. A statewide network of distance learning equipment and training coordinators is supported by this office. The training policy that identifies base level requirements for all FDOH employees is developed and maintained by the OWD and establishes the definitions for mandatory, required and recommended training. The preparedness mandatory courses that all employees successfully complete are FEMA courses IS 100a (Introduction to Incident Command Systems)

within 60 days of hire, IS 700a (National Incident Management System) within 90 days of hire, and a public health preparedness orientation.

Eligibility

All Department of Health employees are expected to assist as requested during disaster response. This responsibility may include such activities as the provision of public health services in unusual settings or circumstances, serving at local and state emergency operations centers, being a member on local or regional incident management teams, serving on public health and healthcare typed teams, staffing public and healthcare provide call centers or accepting additional responsibility to ensure continuity of key departmental services.

Eligibility components are found in the existing Human Resources system. The personnel system provides a record of employment, education, position and years of experience for each employee. The Office of Human Resources Management policies² address the creation of the employee position description and performance evaluation system. This provides employees with officially assigned duties and responsibilities, an evaluation or assessment of their performance, and includes employee development.

The tool at the center of Figure 1 is the Learning Management System, primarily Trak-It, which is the repository for obtaining and recording training. In Trak-It, a supervisor can identify an employee as a strike team member and produce a development plan. The *Training Catalog: Guidelines and Listings for County Health Departments* is an electronic tool, housed on the website, for the manual development of an employee development plan. As the employee completes the training, the supervisor is notified. A training record can be produced for eligibility vetting.

Florida's PHHP strategic planning process and support structure, another key process, integrates the National Target Capabilities in the form of teams responsible for providing project development input. The Training and Exercise Support Team (TEST), housed within the Planning Capability, oversees the development of training and exercises used to implement the strategic plan through a two-tier review process. Training is incorporated into the Learning Management System and catalog; exercise improvement plans are used to identify existing gaps.

Competencies and qualifications can be found for Disaster Behavioral Health Team member typing matrices in the Florida Crisis Consortium Standard Operation Procedure (7/16/10). Florida Crisis Consortium serves as the governing body for disaster behavioral health preparedness. The other team members are governed by the Florida Department of Health.

At the team level, Environmental Health, Epidemiology, Special Needs, and Disaster Behavioral Health strike teams have identified the qualifications for EMAC-deployment. These are recognized by Health and Human Services (HHS), Region IV but have no card issued. Several teams are identifying their qualifications for strike team development. Public Health Nursing teams have a proposed asset typed matrix and have been piloted in Florida. Fatality Emergency Mortuary Operations Response Strike Teams sponsored by the University of Florida in collaboration with the Maples Center for Forensic Medicine are developing criteria for team

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² DOH Policy 60-7-00, Classification (12/1/00) and DOH Policy 60-22-09 Performance Evaluation (2/10/09)

typing.³ The concept of augmentation teams to support ESF 8 and the local county health departments has been developed with both team typing and individual qualifications identified.

Available resources include partnerships with Schools of Public Health and Centers for Public Health Preparedness. This year, the University of South Florida, who previously developed competency based curriculum for Florida's responders, was funded for a Preparedness and Emergency Response Learning Center. The institute's training program is expected to begin in Summer 2011. The Florida State University, Public Affairs Center has experience in designing and conducting strike team exercises for each of the seven regions. Additionally, seasoned FDOH staff effectively operate the Emergency Support Function for Health and Medical at the State Emergency Operations Center.

<u>Issuance</u>

NIMS recommends that a responder have two forms of available identification. Picture identification cards are provided for County Health Department and Central Office FDOH employees. Additionally, State Emergency Response Team members are issued picture identification cards, and combined with driver's licenses, and passport cards, the responder can meet the identification recommendations.

At the individual level, Florida's PHHP responders registered in SERV FL can retrieve mission deployment orders. This program can record education, training, certifications and even a photo of the responder.

Because credentialing is not only a public health initiative, it is important to coordinate issuance of qualification cards with the domestic security workforce. The many disciplines within Florida's Domestic Security community participate on the State Working Group for Domestic Preparedness. An executive board oversees the committees: Training and Exercise, Interoperable Communications, Critical Infrastructure Protection, Planning and Operations, Equipment and Logistics, and Campus Security. The State Working Group has made some attempts in the past to initiate a credentialing system.

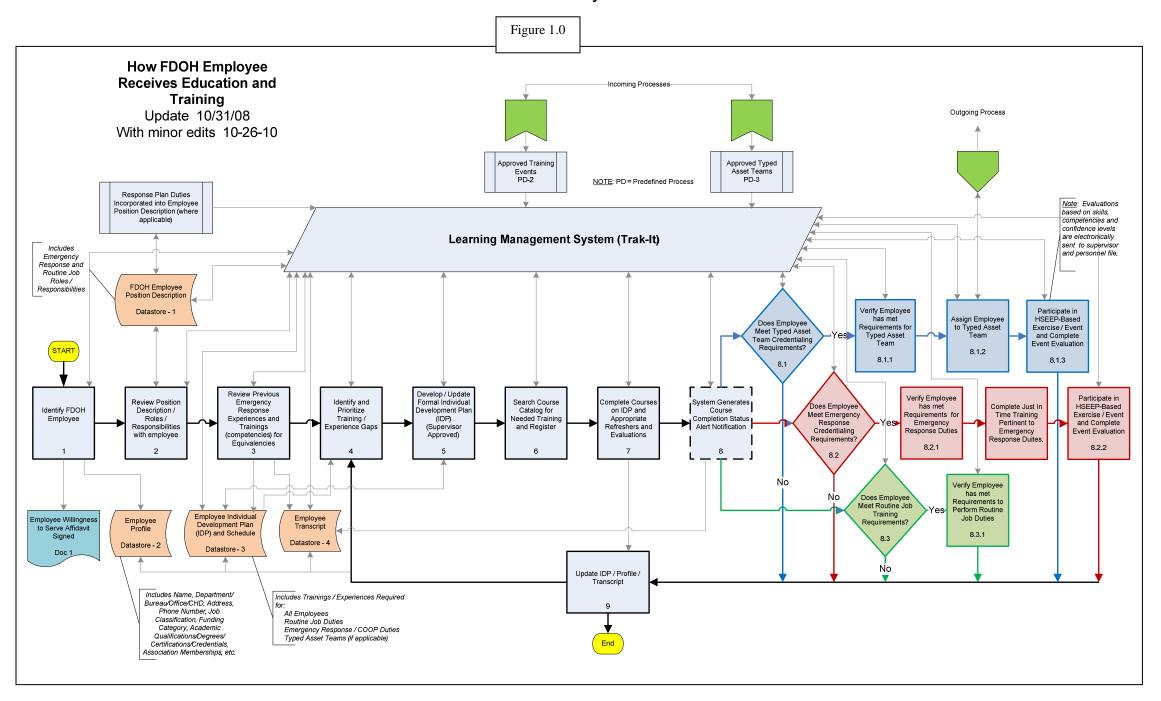
Verification and Use

SERV FL can be accessed on a web portal for verification purposes.

Expiration and Revocation

The Asset Typing Policy (FDOH 310-1-06) establishes the utilization of asset typing consistent with Incident Command Systems to respond to disasters, and states the department shall use federal standards for typing health and medical assets. This policy establishes an Asset Typing Management Group responsible for identifying appropriate intervals and activities necessary for renewing team credentials.

³ FEMORS NewsGram, Vol 8, No 1, Summer 2010, http://femors.org/docs/FEMORS_NewsGram_20_Summer2010V8-1.pdf



Gaps in Florida's Credentialing System

There is no comprehensive statewide system in common for Florida's responders for credentialing the disaster workforce. As a part of this white paper development, several gaps were identified. A comprehensive gap assessment process has not been completed at this time, so these gaps will be updated in the future.

Gaps are most obvious in the area of issue and verifying responder qualification, expiration and revocation of the credentials. Specific refinements can be made in human resources management, information technology systems, and some associated tools.

Registration and Enrollment:

The process begins when a new employee is hired. Even though employees sign a "Willingness to Serve" affidavit supervisors have not identified response roles in the job descriptions or performance measures. Tools to assist supervisors with providing employees with response roles do not exist. The employee or individual development plan is inconsistently utilized, and there is no central repository for them. If the human resources policies and procedures are not utilized, a gap is created.

The "enroll once, use many" philosophy of the DHS Credentialing Framework Initiative should be employed with Information Technology. Each employee interested in improving response capabilities utilizes both Trak-It (for training records) and SERVFL (for responder registration), but they are not linked. Uploading certificates or re-entering training records from Trak-It into SERVFL is not efficient. Employee vaccination records are best stored in FLSHOTS, with a link to SERVFL. Each employee receives a picture ID, but SERVFL does not currently populate the identification information from the state identification system.

Eligibility and Vetting:

Figure 1.0 continues into the section on training and experience for purposes of determining qualification. If the responder is not a DOH employee, but serves on a strike team, the Trak-It tool is not available for training records verification. Trak-It does not keep records of experience or exercises, nor does it track training that is not loaded into the software.

The development of a Florida PHHP system runs the risk of lacking synchronization with the responder community nationally due to the unstable environment. The State Working Group has not had successful implementation on a Florida system for responder credentialing. This is the logical group to oversee issuance for all responders.

The assessment and evaluation process is invaluable in determining whether or not a responder is suited to an assigned duty. The Centers for Disease Control and Prevention's Bioterrorism and Emergency Competencies for all Public Health Workers is dated material. The incorporation of current competencies into response employee expectations is missing. Evaluations are not routinely done for public health and medical responders after deployment and personal resilience is not considered. The current system lacks a mechanism for tracking what an individual has learned from participating in an exercise. Often, no documentation of exercise

participation is kept. A task book concept, familiar to traditional (wildfire) responders, and explained in the FEMA Disaster Workforce Credentialing Plan Responders, can be used for such needed documentation. Currently FDOH strike team members do not keep a task book that records experiences, evaluations, and training to prove qualification. A task book documents progress toward advancement. Keeping a task book would warrant a system of review to determine eligibility.

Issuance, Verification and Use, Expiration and Revocation, Redress and Waiver: The authority to issue, verify, revoke, and provide redress for qualification cards has not been established. In fact, Florida's public health and medical system has not defined levels of proficiency for advancement of a responder within his or her area of expertise.

Credentialing Recommendations

Recommendation 1: Structure a Public Health and Healthcare credentialing system for all responders using the NIMS six phases which fully integrates into state and national initiatives.

- Develop consensus goals, objectives and strategies for a Public Health and Healthcare Credentialing System.
- Conduct an in depth gap analysis with a group of subject matter experts based on these six NIMS phases.
- Review existing Human Resource and Information Technology policies, procedures and processes to ensure they support credentialing goals, objectives and strategies.
- Recommend enhancements to existing policy, procedures and processes as indicated.

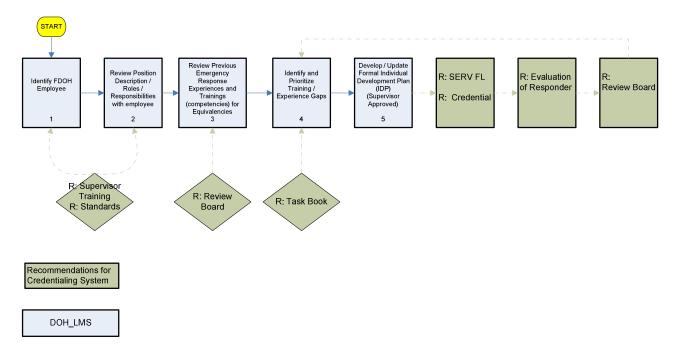
Recommendation 2: Implement Disaster Workforce Credentialing beginning with State ESF8 established public health and healthcare individual resources and typed asset teams.

- Document concept of operations for PHHP credentialing.
- Implement concept of operations to establish State ESF8 individual resources and typed asset teams.
- Document credentialed responders in the SERVFL application.
- Evaluate individual and team performance post-event.
- Evaluate credentialing framework and recommend improvements.

Recommendation 3: Integrate Public Health and Healthcare Disaster Workforce Credentialing into State Resource Management initiative.

Recommended Process Flow

The following visually outlines recommendations in conjunction with the current learning management system.



Timeline Target Dates (based on SPOT approved strategy):

- 1. By December 31, 2010, develop a credentialing framework prototype
- 2. By March 1, 2011, pilot the framework with an asset-typed team
- 3. By May 30, 2011, finalize the credentialing framework
- 4. By June 30, 2011, identify recommendations for technological enhancements to accommodate the credentialing framework

Overlaying this timeline with the recommended tasks recommended has been done in Gantt chart style creating an estimate of months and responsible sections. This has been expanded to include the two phase approach.

In summary, Florida must ensure that every person who is deployed to a response is able to show proof of identity, proof of invitation/orders, and proof of qualifications. In developing this FDOH White Paper, framework requirements have been outlined. As FDOH develops the prototype framework and conducts pilot testing, it will help to ensure that deployed employees are ready, willing, and able to respond.